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| <b>Interview Summary</b> | <b>Application No.</b> | <b>Applicant(s)</b> |  |
|                          | 10/660,072             | AWADA ET AL.        |  |
|                          | <b>Examiner</b>        | <b>Art Unit</b>     |  |
|                          | JAMES J. DEBROW        | 2176                |  |

All participants (applicant, applicant's representative, PTO personnel):

(1) JAMES J. DEBROW(USPTO). (3)\_\_\_\_\_.

(2) J. B. Kraft. (4)\_\_\_\_\_.

Date of Interview: 03 December 2008.

Type: a) ☒ Telephonic b) ☐ Video Conference  
 c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☒ No.  
 If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: 1.

Identification of prior art discussed: NA.

Agreement with respect to the claims f) ☐ was reached. g) ☒ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Discussed proposed claim amendments in an Examiner's Amendment for clarity in reading recited claims. Examiner will fax attorney a copy of the Examiner's proposed claim amendment for consideration.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

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|  | /JAMES J DEBROW/ |
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